

CRIMINAL RECORD EXEMPTION TRANSFER REQUEST

Active criminal record exemptions may be transferred from one state licensed facility to another by a license applicant or licensee. **The transfer must be approved by the Department before the individual who is the subject of the transfer has client contact or the facility will be in violation of the law and subject to a \$100 civil penalty.**

The license applicant or licensee who is seeking the exemption transfer must verify the individual's identity and include a copy of the person's driver's license or a valid photo identification issued by the California Department of Motor Vehicles or by another state or the United States government if the person is not a California resident. Additionally, a Child Abuse Central Index (CACI) check must be submitted if the exemption transfer is to a facility serving children and the individual has not previously submitted a CACI check or the date of the previous CACI inquiry was prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee.

This form may only be used to request an exemption transfer between state licensed facilities. To request a transfer between county and state licensed facilities, the requesting Licensing Agency must contact their county liaison.

PLEASE TYPE OR PRINT LEGIBLY	DATE:
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PLEASE TRANSFER THE CRIMINAL RECORD EXEMPTION FOR:

LAST NAME	FIRST NAME	MIDDLE INITIAL
CA DRIVER'S LICENSE # or ID #:		DOB:
LICENSING INFORMATION SYSTEM ID #:		SSN: (OPTIONAL) ____

FROM THE FOLLOWING FACILITY:

NAME OF FACILITY:	FACILITY NUMBER:
STREET ADDRESS:	
CITY	STATE
ZIP CODE	

TO THE FOLLOWING FACILITY:

NAME OF FACILITY:	<u>Transferee Association Type</u>
FACILITY NUMBER:	<input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee
DATE OF EMPLOYMENT:	
STREET ADDRESS:	
CITY	STATE
ZIP CODE	
<i>I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.</i>	
Title (licensee, administrator, director)	
Signature	

FOR DISTRICT OFFICE USE ONLY

DATE OF EXEMPTION TRANSFER ENTRY:	INITIAL OF PERSON ENTERING TRANSFER:
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